

Image# 201507159000140776

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) JOHN T SHABAN			2. Candidate's FEC Identification Number H4CT04114	
(b) Address (number and street) 29 LEDGEWOOD ROAD		<input type="checkbox"/> Check if address changed		
(c) City, State, and ZIP Code REDDING CT 06896		3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)		
4. Party Affiliation REPUBLICAN PARTY	5. Office Sought House	6. State & District of Candidate CT 04		

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2016 election(s).
(year of election)

NOTE: This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full) SHABAN FOR CONGRESS			
(b) Address (number and street) PO BOX 654			
(c) City, State, and ZIP Code FAIRFIELD CT 06824-0654			

DESIGNATION OF OTHER AUTHORIZED COMMITTEES

(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)			
(b) Address (number and street)			
(c) City, State, and ZIP Code			

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Signature of Candidate <i>John T Shaban</i>	Date 07/15/2015
<i>[Electronically Filed]</i>	

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

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